

Physician's Certificate of Blindness

I hereby certify that _____ of
(Applicant)

_____ of Cass County is
(Address)

blind according to definition:

"A blind person shall be defined as one who is totally blind, has visual acuity of not more than 20/200 in the better eye with correction, or whose vision is limited in field so that the widest diameter subtends any an angle no greater than 20 degrees."

Physician Comments. _____

Effective Date of Blindness: _____

This certificate is filed in accordance with NDCC 57-02-08(22) pertaining to property tax exemption.

Date: _____

Physician

Address